

## APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

<b>Title of Invention</b>	Method for Treatment of Angiogenic Disorders	
Application Type: regular, utility		
Correspondence address:		
<b>Customer Number:</b>	021121	*021121*
Continuing Data:		
This is a Non-Provisional of US application number 60/464,160, filed 2003-04-18.		
Inventors Information:		
<u>Inventor 1:</u>		
<b>Applicant Authority Type:</b>	Inventor	
<b>Citizenship:</b>	CA	
<b>Given Name:</b>	John	
<b>Middle Name:</b>	K.	
<b>Family Name:</b>	Jackson	
<b>City of Residence:</b>	Vancouver	
<b>Country of Residence:</b>	CA	
<b>Address-1 of Mailing Address:</b>	540 W. 29th Avenue	
<b>Address-2 of Mailing Address:</b>		
<b>City of Mailing Address:</b>	Vancouver	
<b>State of Mailing Address:</b>		
<b>Postal Code of Mailing Address:</b>	V5Z 2M7	
<b>Country of Mailing Address:</b>	CA	
<b>Phone:</b>		
<b>Fax:</b>		
<b>E-mail:</b>		
<u>Inventor 2:</u>		
<b>Applicant Authority Type:</b>	Inventor	

Citizenship: CA  
Given Name: Helen  
Family Name: Burt  
City of Residence: Vancouver  
Country of Residence: CA  
Address-1 of Mailing Address: 2930 West 28th Avenue  
Address-2 of Mailing Address:  
City of Mailing Address: Vancouver  
State of Mailing Address:  
Postal Code of Mailing Address: V6L 1X2  
Country of Mailing Address: CA  
Phone:  
Fax:  
E-mail:

Inventor 3:

Applicant Authority Type: Inventor  
Citizenship: CA  
Given Name: Christopher  
Family Name: Springate  
City of Residence: Vancouver  
Country of Residence: CA  
Address-1 of Mailing Address: 2020 Comox Street, Apt 53  
Address-2 of Mailing Address:  
City of Mailing Address: Vancouver  
State of Mailing Address:  
Postal Code of Mailing Address: V6G 1E8  
Country of Mailing Address: CA  
Phone:  
Fax:  
E-mail:

Inventor 4:

Applicant Authority Type: Inventor  
Citizenship: CA  
Given Name: Martin

Family Name: Gleave  
City of Residence: Vancouver  
Country of Residence: CA  
Address-1 of Mailing Address: 4693 Drummond Drive  
Address-2 of Mailing Address:  
City of Mailing Address: Vancouver  
State of Mailing Address:  
Postal Code of Mailing Address: V6R 1E8  
Country of Mailing Address: CA  
Phone:  
Fax:  
E-mail:

## Attorney Information:

Name	Registration Number
Marina T. Larson	32038

Assignee 1:

Organization Name: The University of British Columbia  
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State of Mailing Address:  
Postal Code of Mailing Address: V6T 1Z3  
Country of Mailing Address: CA  
Phone:  
Fax:  
E-mail: